

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
Food and Drug Branch

APPLICATION FOR AUTHORIZATION TO RELABEL OR TO PERFORM OTHER ACTION

DATE \_\_\_\_\_ SAMPLE NO. \_\_\_\_\_

To: DIRECTOR, DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

Application is hereby made for authorization to bring the merchandise below into compliance with the Act.

Product \_\_\_\_\_ Entry No. and Date \_\_\_\_\_

Carrier \_\_\_\_\_ Amount and Marks \_\_\_\_\_

Redelivery bond has been posted by the applicant. The merchandise will be kept apart from all other merchandise and will be available for inspection at all reasonable times, The operations, if authorized, will be carried out at \_\_\_\_\_ and will require about \_\_\_\_\_ days to complete. A detailed description of the method by which the merchanside will be brought into compliance is given in the space below:

We will pay all supervisory costs in accordance with current regulations.

Firm Name and Address \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Do not write below this line.

**ACTION ON APPLICATION**

To: \_\_\_\_\_ DATE \_\_\_\_\_  
(Name and Address)

Your application has been { denied because  
approved with the following conditions

Time limit within which to complete authorized operations \_\_\_\_\_

When the authorized operations are completed, fill in the importer's certificate on the reverse side and return this notice to this office.

\_\_\_\_\_  
Food and Drug Official